

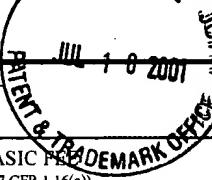
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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

FMT1P025

OIP

CLAIMS AS FILED - PART I
(Column 1)

(Column 2)

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC		
(37 CFR 1.16(a))		
TOTAL CLAIMS	minus 20 =	*
(37 CFR 1.16(c))		
INDEPENDENT CLAIMS	minus 3 =	*
(37 CFR 1.16(b))		
MULTIPLE DEPENDENT CLAIM PRESENT	(37 CFR 1.16(d))	

RATE	FEES
	\$ _____
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

RATE	FEES
	\$ _____
x \$ _____ =	
x _____ =	
x _____ =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II
(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 117	Minus	** 80	= 37
Independent (37 CFR 1.16(b))	* 7	Minus	*** 4	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ _____ =	333
x 40 =	120
+ 0 =	0
TOTAL	453

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
x _____ =	
+ _____ =	
TOTAL	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	**	=
Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
x _____ =	
+ _____ =	
TOTAL	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	**	=
Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
x _____ =	
+ _____ =	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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